

Staple Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER	5	9-15-94
EXAMINER	353	7-19
TYPIST	359	9-20-94
VERIFIER	342	9-21-94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	11/1/94
Original	02 28 05
1	✓
2	✓
3	✓
4	N N
5	✓
6	✓
7	N N
8	N
9	N
10	N
11	N
12	N
13	N
14	N
15	N N
16	✓ ✓
17	✓ ✓
18	✓ ✓
19	✓
20	✓ ✓
21	✓
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SYMBOLS

- Rejected
- = Allowed
- (Through number) Canceled
- Restricted
- + Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
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